

Part C State Annual Performance Report (APR) for FFY 2009**Overview of the Annual Performance Report Development:**

On September 10, and November 12, 2010, the Department of Economic Security, Arizona Early Intervention Program (DES/AzEIP) presented to the Interagency Coordinating Council (ICC): (a) an overview of available data of the Arizona Early Intervention Program (AzEIP) related to APR Indicators, (b) the preliminary analysis of reasons for progress and slippage, (c) the implementation and results of improvement activities, and (d) proposed new and revised improvement activities. In addition, DES/AzEIP discussed its proposed revisions to target data and improvement activities in the Arizona's State Performance Plan (SPP) to extend the SPP until 2012. DES/AzEIP revised and refined the descriptions of progress and/or slippage and the improvement activities based on stakeholder input and staff planning. Indicator drafts were posted to the DES/AzEIP website for public review and input through January 14, 2011. DES/AzEIP presented the final data and improvement strategies with a verbal description of progress and slippage, to the ICC on January 14, 2011. The ICC voted to certify the APR at that time. The State will post the final APR and SPP on the DES/AzEIP website.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with Individualized Family Service Plans (IFSP) who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

FFY	Measurable and Rigorous Target
FFY 2009	100%

Actual Target Data for FFY 2009:

84%

Method used to collect data and the procedures used to collect these data: Timely services data were gathered through on site monitoring of child files with an Individualized Family Service Plan (IFSP) that had a new service added between January 1, 2010 and April 30, 2010. (The IFSPs reviewed were initial and annual IFSPs and other IFSP reviews.) Please refer to Indicator 9 for a description of how programs are selected for monitoring.

Arizona's definition of timely IFSP services: All newly identified IFSP services must be provided within 45 days of the parent's consent to the IFSP **OR**, if the planned start date is greater than 45 days from the parent's consent, the service must start on or before the planned start date for that service. The denominator and numerator include children for whom the delay was due to exceptional family circumstances.

Infants and Toddlers with IFSPs who receive Early Intervention Services in a Timely Manner:

A. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	51
B. Total number of infants and toddlers with IFSPs.	61
Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Percent = [(b) divided by (a)] times 100).	84%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2009:

The State did not meet its target and experienced slippage from 97 percent in FFY 2008 to 84 percent in FFY 2009.

The slippage was primarily related to one of the three early intervention programs (EIP) included in the site review. As part of the drill down process during the site review, the monitoring team looked at files and interviewed supervisors and team members to determine that the lack of timely services was limited to one of the EIP's two core teams. Based on the data gathered, the following contributing factors or root causes emerged: 1) service coordinators (SC) did not fulfill service coordination functions to assist the family in accessing timely IFSP services with the identified team member; and 2) a new team member who did not regularly attend the EIP's weekly team meetings and did not understand the regulatory requirements of initiating timely services within the required timeframe.

Accounting for untimely services:

- Sixteen percent (10/61) children had untimely services; that is, new IFSP services did not start within 45 days of the date the parent consented to the IFSP or on the actual planned start date if greater than 45 days from date of consent.
- The ten non-family reasons for untimely services break down as follows:
 - Nine of the ten system reasons were related to **one** particular EIP and one particular core team within that EIP. Review of files and interviews with staff indicated the service coordinators did not effectively communicate and/or coordinate schedules with other team members to ensure services were provided timely. In addition, five of the nine delay reasons were limited to one particular therapist who was new to the team and did not regularly participate in weekly team meetings where the team members discuss and confirm schedules.
 - One of the ten reasons for delay was due to provider unavailability in a different EIP.
- Reasons for service not being provided in a timely manner are documented in the child's record. Site reviews validated and verified the documentation.
- One of 61 children had a documented delay due to exceptional family circumstance. Exceptional family circumstances are included in both the numerator and the denominator.

- All children for whom services were untimely did subsequently receive the service and the EIP submitted documentation to the State of actual start dates of services for each child.
- Two findings of noncompliance were made during FFY 2009; correction of these findings will be reported in the FFY 2010 APR.

Improvement Activity	Timeline	Status
Expand implementation of the team-based model and participation-based practices.	Ongoing	<p>AzEIP Technical Assistance & Monitoring Specialists (TAMS)'s training on functional, participation-based IFSP outcomes.</p> <p>AzEIP YouTube videos on functional outcomes – 188 viewers to date and AzEIP Team Based Model and practices – 124 viewers to date.</p> <p>Lunch and Learn statewide conference calls by Dathan Rush and M'Lisa Sheldon on participation based practices.</p>
Gather information from parents about their early intervention experiences and practices that are most and least helpful and use information to identify system strengths, limitations and plans for improvement.	May 2010	<p>DES/AzEIP conducted a survey with the assistance of Data Driven Enterprises, funded by Mountain Plains Regional Resource Center (MPRRC), to a sample of parents in January 2010.</p> <p>Results were reviewed with the ICC's Collaboration and Education Committee where relative strengths and limitations of the survey were identified and the need to improve information for families about the purpose of early intervention was identified.</p> <p>DES/AzEIP organized a workgroup, with parent representation, that created a new, AzEIP Family Rights Handbook.</p>

<p>Provide targeted and general technical assistance through regional meetings, on-site and phone meetings with AzEIP TAMS and/or DES/AzEIP staff, written guidance/clarification and other strategies. Technical assistance will address:</p> <ul style="list-style-type: none"> • Policies and procedures; • IDEA requirements, including timelines; • Natural environments; • Procedural Rights and Safeguards; • Purpose of early intervention; • Service Coordination; • Coordination across programs during the initial planning process (IPP) IFSP timeline; • Coordination with other funding sources, such as Medicaid and private insurance. 	Ongoing and targeted	<p>Policies and Professionalism Training available throughout the State upon EIP request and ten trainings were held in FFY 2009.</p> <p>Targeted, individualized technical assistance was provided to early intervention programs by AzEIP TAMS based on corrective actions, program improvement implementation of policies and/or procedures.</p>
<p>Identify the reasons that early intervention professionals, by discipline and geographic area, decide to remain in or leave the field of early intervention.</p>	August 2010	<p>Completed. In December 2009, Data Driven Enterprises disseminated a survey with questions to over 500 professionals asking about professional satisfaction. Results identified reasons why professionals stay in the field and areas for improvement.</p>
<p>Enhance and coordinate recruitment and retention with potential partners, such as the Arizona Department of Education (ADE).</p>	Ongoing	<p>State agency partner, First Things First, is providing funding, through nine regional councils throughout the State, loan repayment programs and stipends for early childhood therapists.</p> <p>Worked with DES/Division of Developmental Disabilities (DDD)'s recruitment activities including: (1) streamlining the monthly vendor calls, (2) providing opportunities to problem-solve with the Districts on therapy needs, solutions, and (3) sharing professional development and recruitment needs within an e-bulletin.</p> <p>The AzEIP website was updated to include information for professionals looking for opportunities to work in Arizona, its personnel requirements, and links to the professional licensing boards.</p>

Partner with the universities to infuse information about functional, participation-based early intervention and service coordination into pre-service curricula.	Ongoing	DES/AzEIP and AZEIP TAMS have sought opportunities and/or been invited to present information to students about early intervention practices and employment opportunities; however, aligning preservice curricula with AzEIP policies and practices is daunting endeavor requiring significant, dedicated person-power. See proposed revisions on Page 11 in the Revisions section.
Incorporated herein are the improvement activities from (i) Indicator 2 regarding the AzEIP Standards of Practice; (ii) Indicator 9 regarding revising and implementing General Supervision policies, procedures, tools and forms, root cause analysis, and enforcement and sanctions, and; (iii) Indicator 14 regarding data management, editing and validation, and analysis.		See Improvement Activities (IA) from other Indicators referenced.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 97% (32/33 files reviewed.)

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008 through June 30, 2009).	1
2. Number of FFY 2008 findings the State verified as timely corrected (verified as corrected within one year from the date of notification to the EIS program of the finding).	1
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)].	0

Demonstrating Correction as outlined in 09-02 Memo**1. Accounting for All Instances of Noncompliance:**

- The State accounted for all instances of noncompliance as identified through on site monitoring of EIPs based on a 5 year cycle.

2. Noncompliance Occurred in One EIP as Follows:

- FFY 2008
 - a. One EIP had noncompliance identified in 1 of 33 children (97% compliance). One finding of noncompliance was issued. Root causes of the noncompliance included:
 - The level of noncompliance was limited to one child and was due to provider unavailability.

3. To Address the Noncompliance, the State Required the EIP to:

- Ensure the core team had adequate, full-time equivalent (FTE) across all team members (occupational therapists (OT), physical therapists (PT), speech-language pathologists (SLP), and developmental special instructionists (DSI)) to serve all children in contracted regions.

4. Verification of Correction of FFY 2008 Findings of Noncompliance (either timely or subsequent):

Prong 1: To ensure correction of child-specific noncompliance, the State ensured that the EIP programs initiated the IFSP service for the child, although late by requiring the EIP to submit documentation of the actual start date the service was initiated for the one child who did not receive timely provision of services. The State required the above EIP to submit documentation of the actual date the service was initiated for the child who did not receive timely provision of services.

Prong 2: To ensure the program was correctly implementing the timely service provision requirements (i.e., achieved 100 percent compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) a subsequent follow up on-site review of child files with IFSPs written between 7/1/09 - 9/30/09 was conducted by the AzEIP TAMS. Review resulted in the program being at 100 percent compliance for timely provision of all IFSP services, indicating the program was implementing the timely service requirements.

Correction of Remaining FFY 2007 Findings of Noncompliance

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 71% (114/161 files reviewed.)

1. Number of remaining uncorrected FFY 2007 findings of noncompliance noted in OSEP's June 2010, FFY 2008 APR response table for this indicator.	2
2. Number of remaining FFY 2007 findings the State has verified as corrected.	2
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)].	0

Demonstrating Correction as outlined in 09-02 Memo**1. Accounting for All Instances of Noncompliance**

- a. The State accounted for all instances of noncompliance as identified through on site monitoring of the EIPs based on a 5 year cycle.

2. Noncompliance Occurred in Three EIPs as Follows:

- a. FFY 2007
 - i. Program A (DDD- Pima County) had noncompliance identified with 59 of 94 IFSPs (63% compliance). One finding of noncompliance was issued. Root causes of the noncompliance included:
 - 1. DDD utilizes a Qualified Vendor (QV) system to procure services. The QV, also known as 557, was designed to allow for family/consumer choice of providers; however it also allows therapists to choose who they will serve. This is a statutory requirement which prevents DDD to require a

therapist to serve any specific area or zip code. As a result, not all children have access to timely provision of services.

2. Limited number of bilingual providers.
 3. Limited number of providers willing to travel to rural areas and or less desirable areas of the County.
 4. Utilizing and accessing medically necessary services available through Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) plan.
- ii. Program B (Easter Seals Blake Foundation (ESBF)) had noncompliance identified in 37 of 48 children (77%). One finding of noncompliance was issued. Root causes of the noncompliance included:
1. Determination of the type and frequency of services is based on the level of delay rather than on the family's priorities, resources, the unique strengths and need of the child, and the participation-based outcomes.
 2. Contracts with therapists do not include specific language requiring a therapist to serve a child when the service is identified on an IFSP. The service coordinators may have to call multiple providers before a therapist is identified.
 3. Utilization of available funding sources, such as EPSDT or private insurance, can cause delays when authorizations are not timely.
 4. Team members (contracted therapists) do not ensure that services provided in accordance with planned start date on IFSP. There are no consequences if the services are not timely.
 5. A minimal number of bilingual therapists are available throughout the County.

3. To Address the Noncompliance, the State Required Each EIP to:

- a. Have supervisors and service coordinators participate in quarterly on-site technical assistance visits with the AzEIP TAMS to review IFSPs, procedures for accessing services on the IFSP, and appropriate documentation of service coordination activities.
- b. Participate in technical assistance activities related to developing functional, participation-based outcomes to result in services and supports identified in the IFSP designed to enhance the capacity of the family in promoting their child's participation and engagement in routines, activities, and interactions.
- c. Ensure adequate FTE for all core team members (OT, PT, SLP, DSI and SC) for the contracted county or region.
- d. Review AzEIP policies and procedures, related to service coordination functions and IFSP development and implementation to ensure local procedures are consistent with State procedures.
- e. If necessary, revise and implement local procedures to ensure adherence to AzEIP policies related to service coordination responsibilities in IFSP development, including IFSP team decision making.
- f. When feasible, revise contracts with therapists to include language specifying the therapist will serve children within a specific region and initiate services in accordance with the IFSP.
- g. Continue recruitment efforts for difficult to serve areas and Spanish speaking families.

4. Verification of Correction of FFY 2007 Findings of Noncompliance (either timely or subsequent):

Prong 1: To ensure correction of child-specific noncompliance, the State ensured that the EIP programs initiated the IFSP service for each child, although late (unless the child was no longer within the jurisdiction of the EIP) by requiring the EIP to submit documentation of the actual start date the service was initiated for each child who did not receive timely provision of services. The

State required the EIPs to submit documentation of the actual date the service was initiated for the children who did not receive timely provision of services.

Prong 2: To ensure the program was *correctly* implementing the timely service provision requirements (i.e., achieved 100 percent compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) a subsequent follow-up on-site review of child files with IFSPs written between 3/1/10-4/30/10 was conducted by the AzEIP TAMS. This review resulted in the EIP being at 100 percent compliance (23/23 files reviewed) for timely provision of all IFSP services indicating the program was implementing the timely service requirements.

Correction of Remaining FFY 2004 Findings of Noncompliance Not Timely Corrected

5. Number of remaining FFY 2004 findings of noncompliance noted in OSEP's June 1, 2009, FFY 2007 APR response table for this indicator.	1
6. Number of remaining FFY 2004 findings the State has verified as corrected.	0
7. Number of remaining FFY 2004 findings the State has NOT verified as corrected [(1) minus (2)].	1

Discussion of Remaining FFY 2004 Findings of Noncompliance Not Timely Corrected

DDD Maricopa County: Review of data (two files per service coordinator) for IFSPs with a new service(s) Written on the IFSP between 7/1/10 - 11/15/10.

33% or twenty three (23) of the seventy (70) IFSPs with a new service written during July 1, 2010-October 15, 2010 resulted in infants and toddlers receiving all IFSP services in a timely manner.

The breakdown of the data by the 7 DDD unit offices in Maricopa County

Unit	IFSPs Reviewed	IFSPs with All Services Provided Timely	IFSPs with All Services Not Timely	Reason for Delay		Total Timely	% Timely
				Family	System	w/Family circumstance	
A	11	3	8	0	8	3	27.3%
B	11	4	7	0	7	4	36.4%
C	13	4	9	0	9	4	30.8%
D	8	3	5	2	3	5	62.5%
E	13	5	8	0	8	5	38.5%
F	14	2	12	0	12	2	14.3%
	70	21	49	2	47	23	32.9%

A: Avondale, B:Black Canyon, C: Clarendon, D: Gilbert, E: Peoria, and F: Southwest

Accounting for untimely services:

Of the twenty-three children out of seventy (70) who received all of their IFSPs in a timely manner, two (2) were delayed due to exceptional family circumstances as documented in the child's file. The two (2) family reasons were included in both the numerator and the denominator in AzEIP's calculation.

Forty seven (47) of the seventy (70) IFSPs that did not include timely provision of services were delayed due to system reasons, primarily provider unavailability.

Drill down of DDD Timely Provision of Services for July - December 2010:

- 1) Qualified Vendor procurement process does not require a provider to serve a child. Providers select where and who they want to serve.
- 2) Lack of clear and consistent written procedures, including timelines and responsibilities, for identifying and accessing providers (therapists).
- 3) Lack of documentation in child's file of actual start dates of services.
- 4) Service coordinators do not consistently utilize tracking systems within focus database.
- 5) In reviewing child files, Unit E service coordinators documented efforts in directly contacting providers to identify availability, which resulted in more timely identification of a provider. However, their services were not the timeliest of all units. This may be a result of the provider not being aware of when the service needed to start to be considered timely.
- 6) During the timeframe the data was collected several of the DDD units were very low in staff and/or recently hired new staff to help reduce the caseloads. While the staff has increased Unit F and D in particular have all brand new service coordinators and two new supervisors.
- 7) Bi-lingual Spanish speaking service coordinators have much higher caseloads and have access to fewer bilingual providers.

Enforcement Actions DES has implemented to address the causes:

- 1) DES/AzEIP is examining DDD's FOCUS data system to determine what data points related to timely services can be collected through the present database, and how the data can be used to conduct root cause analysis, identify underlying contributing causes, and to develop strategies to address the underlying causes.
- 2) DDD is revising the Service Inquiry process/form to include the planned start date for each service so that providers are aware of, and adhere to, providing services in accordance with the State's definition of timely services.
- 3) DDD is implementing a process by which the provider notifies the SC of the actual start date of services and reason for delay, if timelines were not met.
- 4) DES, in its response to OSEP's Verification Visit letter provided assurance that the Department will:
 - comply with the single line of responsibility requirements to administer all early intervention programs consistent with the Individuals with Disabilities Education Act (IDEA) section 635(a)(10)(A) (20 USC §1435(a)(10)(A)) and 34 CFR §303.501(b)(2);
 - provide timely early intervention services to eligible children and their families in all geographical regions in the State through appropriate written methods under IDEA sections 637(a)(2) and 640(b) (20 USC §1437(a) and 20 USC §1440(b)) by (a) modifying DDD's Qualified Vendor system to procure services in a team-based model and (b) amending the DES/AzEIP's contracts to require early intervention services for children and families when the DDD Qualified Vendor network is not available to do so.

Results of the Actions:

- 1) DES/AzEIP is presently working with DDD and the AzEIP Technical Assistance and Monitoring Specialists (TAMS) to determine data points and tracking processes to conduct root cause analysis using Focus database. DES/AzEIP anticipates being able to report results of this action in the May 2011 Special conditions report.
- 2) DES/DDD adopted AzEIP Policies and Procedures as their procedures for children ages birth to three.

- DES/DDD disseminated an email notifying staff of the revisions to the policies with a link to the AzEIP Policies and Procedures.
 - DES/DDD is in the process of developing, and once approved by AzEIP, will provide technical assistance to ensure the DDD employees, contractors and vendors understand and comply with the AzEIP Policies and Procedures.
- 3) DES/AzEIP is in the process of making amendments to its contracts to require the contractor to provide early intervention services for children and families when the DDD Qualified Vendor network is not available to do so.

Additional Information Required by OSEP's APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State's Response
State must demonstrate, in the FFY 2009 APR that the one remaining uncorrected noncompliance finding identified in FFY 2007 was corrected.	The State included data to demonstrate that the one remaining finding identified in FFY 2007 was corrected.
State must demonstrate, in the FFY 2009 APR that the one remaining uncorrected noncompliance finding identified in FFY 2004 was corrected.	<p>The State did not demonstrate that the one remaining uncorrected noncompliance finding identified in FFY 2004 was corrected. The State has submitted Assurances, in response to the Verification Visit by the OSEP, that address the persistent and longstanding noncompliance related to timely provision of services.</p> <p>The State is in the process of finalizing Corrective Measures and Remedies for enforcing DDD Compliance and Performance under the Individuals with Disabilities Education Act to be enforced with the support of DES' Director's Office.</p>
If the State does not report 100 percent compliance in the FFY 2009 APR, the State must review its improvement activities and revise them, if necessary.	Data for Indicator 1 in FFY 2009 APR is not reported to be at 100 percent compliance. Improvement activities have been reviewed and revised.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

Improvement Activity	Timeline	Resources
<p>Revise IA, Timeline, and Resources: Gather information from parents about their early intervention experiences and practices that are most and least helpful and use information to identify system strengths, limitations and plans for improvement.</p> <p>Proposed Revision: Revise and Implement the AzEIP Family Survey.</p> <p>Justification: The above Improvement Activity was in reference to one-time snapshot completed by Data Driven Enterprises, funded by MMRPC. Propose a new focus on revising the family survey to be more meaningful and simple to families.</p>	<p>Revise: May 2010</p> <p>To: July 2011</p>	<p>DES/AzEIP staff, AzEIP TAMS, ICC Collaboration and Education Committee.</p>
<p>Revise Timeline and Resources: Identify the reasons that early intervention professionals, by discipline and geographic area, decide to remain in or leave the field of early intervention.</p> <p>Justification: This Improvement Activity entailed a one-time survey of early intervention professionals completed by Data Driven Enterprises, funded by MPRRC.</p>	<p>Revise: August 2010</p> <p>To: January 2012, January 2013</p>	<p>CSPD Coordinator, Agency Partners, ICC Collaboration and Education Committee, and AzEIP TAMS</p>

<p>Revise IA and Resources:</p> <p>Provide targeted and general technical assistance through regional meetings, on-site and phone meetings with AZEIP TAMS and/or DES/AZEIP staff, written guidance/clarification and other strategies. Technical assistance will address:</p> <ul style="list-style-type: none"> • Policies and procedures; • IDEA requirements, including timelines; • Natural environments; • Procedural Rights and Safeguards; • Purpose of early intervention; • Service Coordination; • Coordination across programs during IPP process IFSP timeline; and • Coordination with other funding sources, such as Medicaid and private insurance. <p>Proposed Revision:</p> <p>Provide targeted and general technical assistance through regional meetings, on-site and phone meetings with AzEIP TAMS and/or DES/AZEIP staff, written guidance/clarification and other strategies. Technical assistance will address:</p> <ul style="list-style-type: none"> • Family Rights; • Team-based early intervention; • Service Coordination; • Transition; • Financial Matters, including FCP, Medicaid, private insurance; • Child Indicators/ Child Indicator Summary Forms; and • Data Collection and Reporting Requirements. <p>Justification:</p> <p>Re-focus technical assistance to address current AZEIP priorities with current State resources.</p>	<p>Ongoing and targeted</p> <p>Ongoing and targeted</p>	<p>DES/AZEIP staff, Agency partners, and AZEIP TAMS</p>
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<p>Revise Timeline and Resources: Identify the reasons that early intervention professionals, by discipline and geographic area, decide to remain in or leave the field of early intervention.</p> <p>Justification To align with extension of SPP using current State resources.</p>	<p>Revise: August 2010</p> <p>To January 2012, 2013</p>	<p>CSPD Coordinator, Agency partners, ICC Collaboration and Education Committee, and AzEIP TAMS</p>
<p>Revise IA and Resources: Partner with the universities to infuse information about functional, participation-based early intervention and service coordination into pre-service curricula.</p> <p>Proposed: Partner with the universities to present and/or make available information about functional, participation-based early intervention and service coordination, and employment opportunities to students.</p> <p>Justification: Given current financial condition in Arizona, and specifically with Institutes of Higher Education, AzEIP proposes changing focus of partnering with universities to promoting awareness of functional, participation-based early intervention practices to university staff and students to build knowledge and relationships.</p>	<p>Revise: Ongoing</p> <p>To: July 2010 and ongoing</p>	<p>CSPD Coordinator, Agency Partners, and AzEIP TAMS</p>

New Improvement Activities	Timelines	Resources
<p>Use survey data to identify strengths, limitations, and opportunities for improvement.</p> <p>Justification: Although the improvement activity was in reference to the above one-time survey, it is still appropriate for proposed new improvement activity.</p>	July 2012	DES/AzEIP staff, Agency Partners, and AzEIP TAMS